

INFORMATION REPORT

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COUNTRY East Germany

SUBJECT The First Provision for the Execution of
the Blood Donation Ordinance

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LISTED BELOW @ Annexes A, B, E
and F

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SUPPLEMENT TO
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XXDocumentary

THIS IS UNEVALUATED INFORMATION

1. The Ministry of Public Health of the German Democratic Republic has given directions for carrying out its Blood Donation Ordinance (which was originally dated 3 January 1952). These directions were published under the title "Erste Durchfuhrungsbestimmung zur Anordnung ueber das Blutspendewesen Vom 3. Januar 1952" and appeared in "Nr. 3/1952, Amtlicher Teil, Bekanntmachungen des Ministeriums fuer Gesundheitswesen der Regierung der Deutschen Demokratischen Republik".

2. A translation of these directions follows:

First Provision for Execution of the Blood Donation
Ordinance (dated 3 January 1952)

According to paragraph 9 of the Blood Donation Ordinance of 23 August 1951 (GBI.* p. 799), the following is stipulated.

Paragraph 1

The Ministry of Public Health of the Land (Central Agency for Hygiene) will maintain a current index of the blood donor centers in its administrative domain (paragraph 2, section 4 of the Ordinance of 23 August 1951), according to Annex A.

Paragraph 2

The Ministry of Public Health of the Land will report the blood donor centers licensed by it to the Ministry of Public Health of the government of the German Democratic Republic (Main Division for Hygiene-Inspection) according to the model form set up in paragraph 1 of this First Provision for Execution. The reports as of 31 December 1951 will be submitted for the first time by 31 March 1952 and subsequently as the case requires.

Paragraph 3

The Research and Development Agency for Blood Transfusion and Production of Preserved Whole Blood, to be established by the Ministry of Public Health of Brandenburg Land at the Land Institute for Hygiene (paragraph 4, section 1 of the Ordinance of 23 August 1951), took up its work on 1 January 1952.

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Paragraph 4

As Land experts for specialized scientific advice to the Research and Development Agency for Blood Transfusion and Production of Preserved Whole Blood at the Land Institute for Hygiene in Potsdam (paragraph 4, section 2 of the Ordinance of 23 August 1951) only such scientists must be appointed by the Ministries of Public Health as have a complete, specialized, scientific understanding of the entire field of blood donation. The appointment will be carried out by 31 March 1952. Name, first name, date of birth, present occupation, kind of specialized training and address will be reported at the same time to the Ministry of Public Health of the government of the German Democratic Republic.

Paragraph 5

The blood donor card file will be maintained according to Annex B. The file cards of the donor card file (paragraph 5, section 2 of the Ordinance of 23 August 1951) must be designated for the various blood groups with the following colors:

Blood Group O	=	red file card
Blood Group A	=	green file card
Blood Group B	=	yellow file card
Blood Group AB	=	white file card

Paragraph 6

To each blood donor is to be given a pledge card and a duplicate corresponding to Annex C, for signature. In addition, the blood donor will receive, besides the blood donor identification card, an information sheet for blood donors corresponding to Annex D. The blood donor identification card hitherto used will remain valid.

Paragraph 7

The blood donor center will select the donors and will carry out examination to determine to which blood group each belongs. Before admitting a donor, the blood donor center will obtain information about him from the proper department of public health of the Kreis**, as to whether he fulfills the necessary requirements for admission in the sense of paragraph 7, section 1 of the Ordinance of 23 August 1951. In this connection it will also be determined whether there are records existing in the organizations for venereal disease control and tuberculosis control, and whether the blood donor to be admitted is mentioned in the lists on infectious diseases (including tropical diseases) of the last year and current year.

Paragraph 8

The donors will be given a medical (clinical) examination at least every three months, in any case before each donation. The examination for venereal diseases and tuberculosis will be carried out, in doubtful cases, by a specialist. The file card and donor identification card will be supplemented by the current corresponding information.

Paragraph 9

All interferences with transfusion, insofar as the reasons lie with the donor (e.g. veins which have become unusable, increase in blood coagulation power, conditions of weakness, and the like) will be recorded by this center on the file card.

Paragraph 10

In general, use of an individual blood donor should not be made until four weeks after the last blood donation--if more than 400 cc have been given, not until after eight weeks.

Paragraph 11

In the event of a change of address of the blood donor, the blood donor center will give notice of this change to the respective blood donor center in the new place of residence.

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Paragraph 12

In agreement with the Ministry of Finance of the government of the German Democratic Republic, it is stipulated that for each taking of blood, entered by the officiating doctor on the donor identification card, the donor will receive, as before, a compensation of 1 DM for every 10 cc of blood donated. These payments will be made from the budget of the medical installation in which the blood donation is performed.

Paragraph 13

In agreement with the Ministry for Commerce and Supply of the government of the German Democratic Republic, it is stipulated that, as before, for each 100 cc of blood donated, the blood donor will be given 250 g meat, 125 g fat, 125 g sugar and 1/4 liter of whole milk as additional food ration. The issuance of the extra food ration cards will be carried out directly, as before, by the medical installations at which the blood donation is performed. After abandonment of rationing of these foodstuffs, a corresponding new regulation will be issued.

Berlin, 3 January 1952

Ministry for Public Health

Steidle, Minister

* GBL-Gesetz Blatt

** Administrative area approximately equivalent to a county

6 Annexes attached:

Annex A: A photostatic copy of an annex to the original German language publication having two sections:

- (1) Anlage A, Verzeichnis der Blutspendezentralen (Index of Blood Donor Centers)
- (2) Noch: Anlage B, Blutspenderkartei, Rueckseite (Reverse side of Blood Donor Card, the front side of which is shown in Annex B)

Annex B: A photostatic copy of a second annex to the original text, viz., Anlage B, Blutspenderkartei, Vorderseite, (Blood Donor Card front view)

Annex C: Pledge Card, a translation of a third annex to the original text, viz., Anlage C, Verpflichtungsschein (See also Annex F.)

Annex D: Information Sheet for the Blood Donor, a translation of a fourth annex to the original text, viz., Anlage D, Merkblatt fuer Blutspender (See also Annex F.)

Annex E: A photostatic copy of the original text of the "First Provision for Execution of the Blood Donation Ordinance"

Annex F: A photostatic copy of the original German texts of Annex C, Pledge Card, and Annex D, Information Sheet for the Blood Donor

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ANNEX C

to paragraph 6 of the foregoing First
Provision for Execution dated 3 January
1952 of the Blood Donation Ordinance

Pledge Card

(Translator's Note: Space is left here for entering
place, date, first and last name of blood donor, his
date and place of birth, and village and street address)

DECLARES:

I am willing at any time to be at the disposal of the hospital to which the
blood donor center dispatches me for the taking of blood for the purpose of treatment
and pledge myself expressly not to obey summons by other parties in any case.

To the best of my knowledge and belief I state that I have never suffered any
venereal disease, malaria, asthma, tuberculosis or heart disease, and that I am
neither an epileptic, nor a drinker nor a dope addict.

I am willing to allow all medical procedures to be performed on me which, in
the opinion of the examining officers and the doctors performing the blood trans-
fusions, are required.

Regularly every three months I will report for re-examination, unsummoned, to
the donor center, on the examination days made known to me.

I pledge myself to report, unsolicited, my own sicknesses and suspected ones,
particularly if these concern infectious diseases, or further, contagious diseases
in my neighborhood, at the latest at each examination and before
each taking of blood. When I contract a sickness which will probably last more
than three days, I must so inform the hospital and the blood donor center for which
I donate blood. I realize that when I am sick, the taking of blood can injure me,
and the receiver of my blood can also suffer harm to life and health, and that I
am responsible for the harm which occurs from intentional or careless concealing
of the sickness.

I will immediately report changes in residence to the blood donor center and
to the hospital stating whether I will put myself at the disposal of the respec-
tive blood donor center in the new place of residence.

I pledge myself to use the extra food ration for myself in the shortest
possible time, in order to compensate for the loss of blood quickly and without
harming well-being and health.

I know that I am not entitled to be used as a blood donor and that the blood
donor center makes the choice among the donor applicants.

I can be stricken from the list of blood donors not only when medical reasons
dictate against further use of me as a donor, but also, for instance, when I fail
to undergo the prescribed examination at the proper time, or when I have donated
blood without having been dispatched by the blood donor center.

A duplicate of this pledge card has been given to me.

Read to me, approved and signed.

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ANNEX D

to Paragraph 6

of the foregoing

First Provision for Execution

dated 3 January 1952

of the Blood Donation Ordinance

Information Sheet for the Blood Donor.

Donation of blood is voluntary. Blood donation is an honorable task, since this helps the sick to recover. It is not to be considered as a source of income.

For this reason, only a person who is himself completely healthy may donate blood. If a person were to donate blood while sick, this sickness would be transferred to the receiver through the blood transfusion, and instead of a recovery, a worsening of the state of health, and even death, would take place.

It is necessary that each donor be free of tuberculosis, venereal diseases, skin or infectious diseases. Donors who are sick with jaundice must refrain from donating blood for one year because of the possibility of a delayed transmittal of the disease. Whoever has contracted syphilis is obliged to decline a summons to donate blood in order not to transmit this venereal disease to the receiver. If a donor gives blood in spite of these conditions, the consequences are severe for the blood donor and the doctor as well.

The donor is to give his blood when sober, in any case not after a rather large meal, because otherwise his blood is not as well assimilated.

In the event of a donor's feeling sick, no matter in what way, he should say so before donating blood.

If a blood donor contracts a contagious or internal disease, he is obliged to inform the blood donor center as quickly as possible about it. The same is true in case of a change in his address.

Women should not be used as donors during their menstrual period or during pregnancy.

In the interest of the donor, medical examinations will be carried out every three months to guard his state of health.

The donor is not to donate blood as a rule, before four weeks after giving blood, and not before eight weeks if he donated more than 400 cc.

The donor can be stricken from the accepted list when he does not abide by the regulations.

Each donor will receive as a compensation 1 DM for every 10 cc of donated blood and, as an extra food ration for every 100 cc, 250 g meat, 125 g fat, 125 g sugar and 1/4 liter of whole milk.

The payment of the blood donor fee and the issuance of the extra food ration cards will be carried out by the clinics or hospitals.

Every blood donor should contribute his share in widening the circle of blood donors by spreading information and propagandizing among his colleagues and fellows. He thus offers an honorable service to all sick people.

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